**Council Rock School District**

**2012-13 OTS Workshop Template**

Please submit workshop template at least one week prior to:

* Ann DeMaio – all workshops except special education
* Chuck Lambert - all special education workshops

|  |  |  |
| --- | --- | --- |
| **Workshop Title** |  | |
| **Workshop Description** |  | |
| **Facilitator(s)** |  | |
| **Date, Day, and Time** |  | |
| **Location – Building and Room** |  | |
| **Audience for Workshop** |  | |
| **Seat Limit** |  | |
| **Hardware Needs:**  **(laptop, projector, whiteboard, computer lab, etc.)** |  | |
| **Software to be used** |  | |
| Please mark the **two** design question(s) that most directly relate to the content of your workshop.  DQ 1:  What will I do to establish and communicate learning goals, track student progress &   celebrate success?  DQ 2:  What will I do to help students effectively interact with new knowledge?  DQ 3:  What will I do to help students practice and deepen their understanding of new knowledge?  DQ 4:  What will I do to help students generate and test hypotheses about new knowledge?  DQ 5:  What will I do to engage students?  DQ 6:  What will I do to establish or maintain classroom rules and procedures?  DQ 7:  What will I do to recognize and acknowledge adherence and lack of adherence to   classroom rules and procedures?  DQ 8:  What will I do to establish and maintain effective relationships with students?  DQ 9:  What will I do to communicate high expectations to all students?  DQ 10: What will I do to develop effective lessons organized into cohesive units?  If there are additional questions that relate, please list them here      . | | |
| **Anticipated Costs:** | |  |
| **How will the design of this activity support content, pedagogy, or other needed skills?** | |  |
| **Date Submitted:** | |  |
| **Central Administration Approval**  **Date and Signature:** | |  |

Revised 5/9/12